

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	380201.91349
First Named Inventor	Craig Wilson
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRE STRIPPER

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number **26710** OR Correspondence address below

Name _____

Address _____

Address _____

City _____

State _____

ZIP _____

Country _____

Telephone _____

Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Craig	Family Name or Surname	Wilson
---	-------	---------------------------	--------

Inventor's Signature	Date
-------------------------	------

Residence: City	Brown Deer	State	WI	Country	US	Citizenship	US
-----------------	------------	-------	----	---------	----	-------------	----

Mailing Address 4824 West Wabash Avenue

Mailing Address _____

City	Brown Deer	State	WI	ZIP	53223	Country	US
------	------------	-------	----	-----	-------	---------	----

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Thomas M.	Family Name or Surname	Luebke
---	-----------	---------------------------	--------

Inventor's Signature	Date
-------------------------	------

Residence: City	Menomonee Falls	State	WI	Country	US	Citizenship	US
-----------------	-----------------	-------	----	---------	----	-------------	----

Mailing Address N56 W16011 Scott Lane

Mailing Address _____

City	Menomonee Falls	State	WI	ZIP	53051	Country	US
------	-----------------	-------	----	-----	-------	---------	----

Additional inventors are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.